PATENT APPLICATION FEE DETERMINATION RECORD

LLA Priseria and Trademark Officer U.S. DEPARTMENT OF COMMERCE
Substitute for Form PTO-875

CLAIMS AS FILED — PART 1 CLAIMS AS FILED - PART I (Cotumn 1) (Column 2) OTHER THAN SMALL ENTITY FOR OR SMALL ENTITY HUMBER FILED GASIO FER NUMBER EXTRA D7 CFR 1,16(a)) RATE FEE TOTAL CLAUMS RATE D7 CFR.1.16(c)) PIDEPENDENT CLAUS P7 CFR 1.18(b)) OR minus 20 s OR J K HILL TIPLE DEPENDENT CLAIM PRESENT. X 3 ÒR (b) CFR 1.16(d)) X S the difference in tolume 9 is less than zero, enter 'V' in column 2. OR TOTAL CLAIMS AS AMENDED - PART II OR TOTAL (Column 1) (Column 2) (Column 3) GLAMS. REMAINING SWALL ENTITY OTHER THAN ÓR HIGHEST SMUL ENTITY NUMBER PREVIOUSLY WIE PRÉSENT. EXTRA RATE ADDS-TIONAL PAID RATE Folal profit Life ADOI-TIONAL FEE FEE 2395 24 DD OR: JOO FRST PRESENTATION OF MATTPLE DEPENDENT CLAIM (AT CFR 1. HI/M) ADE OR O811: +360 OR TOTAL ADD'S FEE OR ADD'L FEE CLANS HIGHEST MUMBER PREVIOUSLY PAID FOR REMAINING 运 PRESENT RATE ADON TIONAL FEE ENDMENT EXTRA RATE Total promise HONAL libra. Independent of CFR 1,3500 **ED** OR 100 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASS (07 CFR 1.19) OR: 360 OR TOTAL ADDL FEE Column 1) OR ADD'L FEE CLAMS (Column 3) HIGHEST HUMBER PRESENT AFTER PREVIOUSLY RATE ADDI-TIONAL EXTRA ENOMENT RATE ADDI-TIONAL FER Total CFR 1.3 PAIDFOR Æ OR ** 100 FRET PRESENTATION OF MATERIA CEPTIONS CLAM DE OFFI LINES nC 11/10 36C OR If the unity in column 1 is less from the entry in column 2, write, 70, in column 3.

If the Triphest Humber Previously Paid Fee" 30 THIS SPACE in tests from 30, enter "are
If the Triphest Humber Previously Paid Fee" (Column Independent) in the highest previously Paid Fee" (Column Independent) in the highest previously Paid Fee" (Column Independent) in the highest purpose. ADDIL FEE OR. ADO'L FEE

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ITE Collection of information is required USDPTO to process) an application. During including gathering, property, and submit on the amount of time your require to come and Trademark Office, U.S. Department of ADDRESS. SEED FOR Commissioner for